



TUBERCULOSIS PROFILE



Tuberculosis is a major public health problem in Bangladesh. In 2006, WHO ranked Bangladesh sixth among the world's 22 high-burden TB countries. More than 319,000 new cases, including 143,000 sputum smear-positive (SS+) pulmonary TB cases and 70,000 TB-related deaths occur annually. Bangladesh's National TB Control Program (NTP) began implementing Directly Observed Therapy, Short-Course (DOTS) in 1993. By the end of 2004, the NTP estimated DOTS coverage was 99 percent.

While the treatment success rate is fairly high at 85 percent, less than half (44 percent) of the cases are detected, resulting in a larger number of untreated carriers who spread the disease still further. This is primarily due to lack of full implementation of DOTS by all public health facilities, private sector providers, and nongovernmental organizations (NGOs). Given that private practitioners and NGOs provide a major portion of health services, implementation of DOTS by NGO projects and within the private health care system is paramount.

Country population	139,214,532
Global rank out of 22 high-burden TB countries	6
Estimated number of new TB cases	319,252
Estimated TB incidence (all cases per 100,000 pop.)	229
DOTS population coverage (%)	99
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	45
DOTS case detection rate (new SS+) (%)	44
DOTS treatment success rate in 2003 (new SS+) (%)	85
Estimated adult TB cases HIV+ (%)	0.1
New multidrug-resistant TB cases (%)	1.6

Note: All data are for 2004 except where noted otherwise.
Source: Global Tuberculosis Control: WHO Report 2006.

USAID Approach and Key Activities

USAID is helping to fight TB in Bangladesh by expanding the capacity of DOTS delivery through NGOs and improving the access and quality of TB services. USAID is supporting three major projects in Bangladesh that support the NTP.

Between 2002 and 2005, USAID funding for TB programming in Bangladesh averaged almost \$800,000 per year. USAID assistance includes the following activities:

- Detecting and treating TB cases according to the national guidelines for TB control in urban areas
- Providing financial support for personnel training and other operational costs of implementing the program
- Developing and maintaining coordination with the relevant authorities by ensuring information sharing among partners
- Ensuring appropriate care for TB patients needing referral services through liaison and networking with existing referral health centers
- Supporting and conducting behavior change and communication activities such as health education sessions, advocacy meetings, distribution of educational materials, and observation of national/international TB days

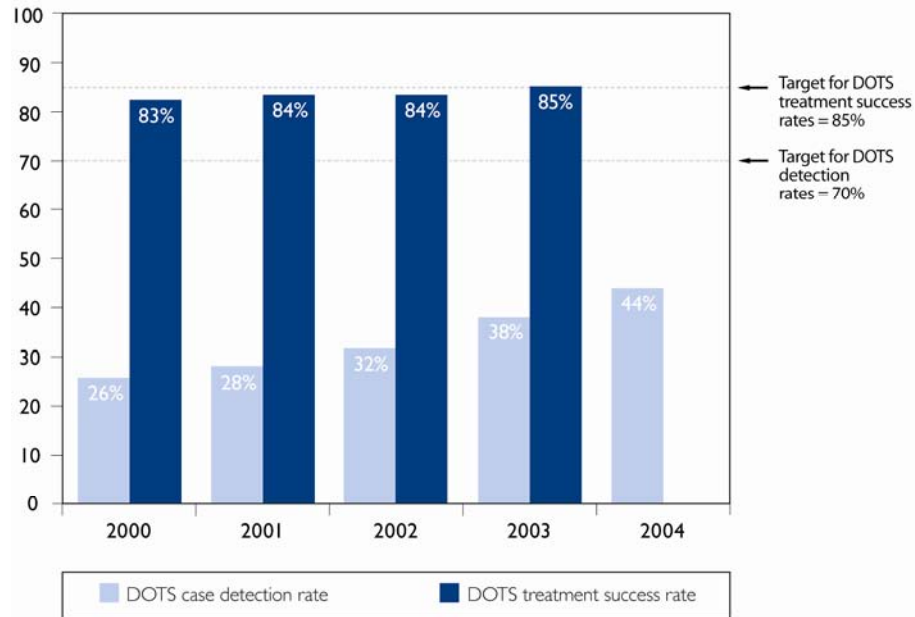
- Supporting a national TB prevalence survey to obtain a better estimate of the TB burden in order to evaluate the implementation and impact of TB control with survey results expected in 2008

USAID Program Achievements

Since the initiation of support, USAID has developed excellent collaboration and coordination with the NTP and has generated a large amount of support for NGOs. USAID program achievements include the following:

- Provided quality control of laboratory services
- Trained 417 staff in TB control, including 126 graduate doctors, 93 paramedics, 26 laboratory technicians, and 172 service promoters and counselors
- Established one external quality assurance center for 12 microscopy centers in Dhaka
- Achieved a case detection rate of 48 percent in the TB program-served catchments area with treatment compliance of 83.4 percent and 84.8 percent in 2003 and 2004, respectively
- Provided technical assistance to manage a total of 9,500 TB cases since initiation of services
- Conducted a situation analysis of TB-DOTS service delivery and identified gaps and needs of the program
- Developed a curriculum and a plan of action for NTP supervisors at the district level to pilot special quality, supervision, and monitoring (QSM) activities at selected sites
- Conducted onsite interviews and focus group discussions to follow up with TB supervisors on QSM implementation
- Conducted a rapid assessment of the private sector and, based on the assessment, recommended the NTP develop a TB public-private mix (PPM) DOTS program
- Provided orientations for district- and subdistrict-level supervisors
- Conducted baseline assessments in intervention and comparison facilities
- Implemented the QSM intervention, with the revised supervision checklists and follow-up tools
- Assisted the NTP in operationalizing the PPM-DOTS strategy; provided support to develop the PPM strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria; and supported the updating of the PPM-DOTS technical guidelines
- Drafted three TB laboratory training modules, focusing on technical aspects and requirements for appropriate diagnostic facilities, and internal and external quality assessments

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2004 will be reported in the 2007 global report.
Source: Global Tuberculosis Control: WHO Report 2006.

Partnerships

Forming partnerships has been one of the most important elements in combating TB in Bangladesh. In addition to USAID, international collaborators who have invested in efforts to improve the TB situation in Bangladesh include WHO, the Asian Development Bank, the Bangladesh Rural Advancement Committee, the Damien Foundation Belgium, the Global TB Drug Facility, and the Canadian International Development Agency. To fill the gaps in program interventions and resources, Bangladesh has been awarded resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria to implement a number of TB activities. Ten of the USAID-supported NGOs will receive Global Fund support for a 14-month initial period, extendable through 2011, based on satisfactory performance. With this support, the NGOs will strengthen DOTS implementation in urban areas, involve the private sector more closely, conduct advocacy and mobilization campaigns, and develop TB-HIV/AIDS collaborative activities.